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Debtor 1	GBEMISOLA First Name	Middle Name	OYINLOYE Last Name		UNITED STATES BANKRUPTCY COURT		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			DISTRICT OF ILLING	
	Bankruptcy Court for the:	Northern District				2 8 2017	
			The state of the s		JEFFREY P.	ALLSTEADT, C TAKE 1	LERK Check if this is amended filing
fficial F	orm 103A						
pplica	ation for In	dividual	s to Pay th	ne Filin	g Fee in In	stallment	S 12/1
as comple	te and accurate as po	ssible. If two m	arried people are filin	ng together, i	ooth are equally respo	nsible for supplyin	g correct
ormation.							
art 1:	Specify Your Propo	sed Payment	Timetable				
Which ch	apter of the Bankrupt	cv Code	☐ Chapter 7				
	hoosing to file under		☐ Chapter 11				
			☐ Chapter 12				
			☑ Chapter 13				
You may apply to pay the filing fee in up to four installments. Fill in the amounts you propose to pay and the dates you plan to			You propose to pa	Ny			
pay them	. Be sure all dates are an add the payments	business	\$100.00	pe	ith the filing of the	07/07/2017	
You must propose to pay the entire later than 120 days after you file to bankruptcy case. If the court appro				₩ Or	or before this date	MM / DD / YYY	Ÿ
		pproves your	\$100.00	0 - On or	before this date	07/14/2017	
	n, the court will set you		110.00	0		MM / DD / YYYY	7
p=y	nouble.		\$	On or	before this date	MM / DD / YYY	7
		4	- \$	On or	before this date		
						MM / DD / YYYY	·
		Total	\$310.00	<u>0</u>	ur total must equal the er	ntire fee for the chapte	r you checked in line
art 2: 5	iign Below						
ly signing h	iere, you state that yo	ou are unable to	pay the full filing fee	at once, tha	t you want to pay the i	fee in installments,	and that you
	st pay your entire filing r, or anyone else for se				any more property to a	n attorney, bankrupt	cy petition
prepare				-	, unless the court later e	extends vour deadling	e. Your
You mu	st pay the entire fee no ill not be discharged ur	ntil your entire fee	is paid.			,	
You mu debts w If you do	ill not be discharged ur	ntil your entire fee	is paid.		issed, and your rights in		

Signature of Debtor 1

06/27/2017

MM / DD / YYYY

Your attorney's name and signature, if you used one

MM / DD / YYYY

Date

Signature of Debtor 2

MM / DD / YYYY

Date